

SENIOR CITIZEN AND DISABLED PERSONS EXEMPTION FROM REAL PROPERTY TAXES

File application with your County Assessor by December 31 of the year prior to the year the taxes are due.

1. Type of Residence: (Check one) <div style="display: flex; justify-content: space-between;"> Single Family Dwelling Mobile Home </div> <div style="display: flex; justify-content: space-between;"> One Unit of a Multi-Unit Dwelling Cooperative Housing </div>	<p style="text-align: center; margin: 0;">County Use Only</p> <div style="display: flex; justify-content: space-between; margin: 5px 0;"> _____ Year Assessment for _____ Year Taxes </div> <p style="margin: 5px 0;">Tax Code Area _____</p> <p style="margin: 5px 0;"><input type="checkbox"/> Full Excess plus exemption for 60% of the value but not less than \$50,000</p> <p style="margin: 5px 0;"><input type="checkbox"/> Full Excess plus exemption for 35% of the value but not less than \$40,000 nor more than \$60,000</p> <p style="margin: 5px 0;"><input type="checkbox"/> Full Excess</p>
2. Type of Ownership: (Check one) <div style="display: flex; justify-content: space-between;"> Fee or Contract Purchase Life Estate </div> <div style="display: flex; justify-content: space-between;"> Lease For Life Auditor's Recording No: _____ </div>	
3. This Property Is: <div style="display: flex; justify-content: space-between;"> In Excess of One Acre </div> <div style="display: flex; justify-content: space-between;"> Improved With More Than One Residence </div>	
4. Claimant's Name _____	
Address, City, State, Zip _____ A change of residence requires a new application to be filed.	

5. Description Of Property: Parcel or Account Number: _____ Legal Description: _____ Mobile Home: Year: _____ Make: _____ Model: _____ Mobile Home Location: _____
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6. All Gross Income of Claimant, Spouse and Co-tenant:	
A. Social Security Before Part B Medicare..... _____ B. Pension, Annuities & Retirement Bonds..... _____ C. Interest & Dividends _____ D. Wages..... _____ E. Investment Income _____ TOTAL Combined Income For _____ Year	F. All Other Income _____ G. Nursing Home Expenses (Non-reimbursed)..... (_____) H. In-Home Care Expenses (Non-reimbursed)..... (_____) I. Prescription Drugs (Non-reimbursed)..... (_____) (Maximum Income \$30,000) ... _____

7. I, or each of us (if joint owners are filing) apply for exemption on the above described property and certify the following: (please check appropriate box(es)) <div style="margin-top: 10px;"> <input type="checkbox"/> I will be 61 years of age or older on or before December 31 of the year in which this exemption is filed. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I am physically disabled and as such, retired from regular gainful employment by reason of such disability. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I am a surviving spouse of a person who was approved for this exemption and I am at least 57 years old. </div>
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8. Birthdate: _____ Date Property Purchased: _____ Date Property Occupied: _____

Any exemption granted through erroneous information shall be subject to the correct tax being assessed for the last three years, plus a 100 percent penalty.	
I swear under the penalties of perjury that all of the foregoing statements are true.	
_____ Assessor or Deputy	_____ Signature of Claimant
_____ Witness	_____ By
_____ Witness	_____ Phone Number

INSTRUCTIONS FOR COMPLETING SENIOR CITIZEN AND DISABLED PERSONS EXEMPTION APPLICATION

This claim for exemption must be filed with the county assessor by December 31 in the year prior to the year the taxes are payable.

The item numbers listed below relate to the numbers on the front of this form.

1. **Type of residence** (REV 64 0010 must be filed on Cooperative Housing).
2. **Type of ownership** (REV 64 0010 for Life Estate and Lease for Life must be filed if you have not provided a copy of the Deed or Lease).
3. Check only if it applies.
4. **Name and address:** If the property is in multiple ownership, enter the name and address of the person who is to be the claimant. Only one person need apply.
5. **Description of property:** This information may be obtained from your latest tax statement or your county assessor. If your residence is a mobile home fill in the make, model, year, and location.
6. Eligibility in this program is determined by the estimated combined disposable income of the applicant during the application year. **The Assessor may request verification of income and deduction amounts in the following year.**

Income: All gross income from whatever source of the claimant, his or her spouse and any co-tenants must be reported. The actual amount expended for attendant care and medical aid may be deducted from veteran's and military benefits. Non-reimbursed nursing home expenses incurred by the claimant, his or her spouse or co-tenants may be deducted from gross income on line G. The non-reimbursed amounts paid for the care or treatment of claimant, his or her spouse or co-tenants in the home may be deducted from gross income on line H.

In-home care or assistance means medical treatment or care received in the home; items such as food, oxygen, or meals on wheels, that are part of a necessary or appropriate in-home service; special needs furniture or attendant care and light housekeeping tasks. Payments for in-home care must be reasonable and at a rate comparable to those paid for similar services in the same area. The person providing the care or treatment does not have to be specially licensed. Non-reimbursed prescription drugs may be deducted from income on line I.

Co-tenant means a person who resides with the claimant and who jointly owns the residence.

If the person claiming the exemption was retired for two months or more of the assessment year, the income is calculated by multiplying the average monthly income (during the months such person was retired) by twelve.

If the income of the applicant is reduced for two or more months of the assessment year because of death of their spouse, or when a substantial change in income occurs that will continue indefinitely, the income is calculated by multiplying the average monthly combined disposable income after the occurrences by twelve.

7. Check only the boxes that apply. Attach proof of disability.
8. Fill in your birthdate, the date you purchased the property and the date you occupied the property.

Eligibility Certification and Declaration: Be sure to read this entire form before signing. The form may be signed by the applicant, by his/her attorney, by the holder of the mortgage or contract, or by any authorized agent of the claimant.